UNITED STATES DISTRICT COURT BANKRUPTCY

DISTRICT OF MASSACHUSETTS

BANKRUPTCY APPEAL

CIVIL ACTION NO. 4:05 CV40037 RGS

Bankruptcy No. 02-15186-JBR

EMILE E. MORAD,
DEBTOR

EMILE E. MORAD
APPELLANT

V.

STELLA XIFARAS
APPELLEE,

APPELLANT EMERGENCY MOTION TO EXTEND TIME FOR FILING HIS BRIEF

Now comes Emile E. Morad, Appellant, in the above entitled matter and request that This Honorable Court extend the time for him to file his brief until 4 P.M. on May 10, 2005 and assigns as reason for this request as follows:

1. When I returned to Massachusetts in January from my home in Florida I caught a severe cold which exacerbated other ailments that I suffered from in recent years. I am in failing health in the past several years. I suffer from heart disease, meniers disease, diabetes dizziness and double vision. On advice of my doctors I returned to my home in Florida to recuperate.

2. I still have double vision which the doctors say is caused by diabetes which has persisted from January 2005 to the present.

3. I returned to Massachusetts because the double vision has persisted and was examined by a neurologist Dr. Bruce Abbott on March 19th 2005. I was told that the double vision although improved from the last visit is still present and will continue for another month. I have requested a short note from the doctor and will file with the court when received.

4. Although I am able now to do limited research I am unable to file my brief as ordered by the Court on April 26th, 2005. I was unable to read the cases and do my research because of my medical condition.

4. I do not have counsel in this appeal and appear prose. As a result of my Bankruptcy I do not have the ability to pay counsel. I have no income except my social security benefits.

5. I will file my brief on or before May 10th , 2005 at 4 P.M..

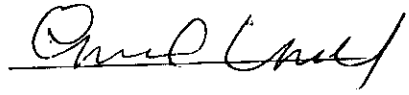
6. The appellee in this matter has been paid in full and no one would be harmed by the allowance of this motion.

7. I have a viable appeal and intend to prosecute my appeal by the filing of a brief on or before May 10th 2005 at 4.P.M.

8. I am attaching a discharge note from South Coast Hospital when my double vision first occurred, and a note from my cardiologist Dr Alexander Altschuller. I will update the medical reports if necessary.

Dated April 26th 2005.

Respectively submitted



Emile E. Morad Pro Se
2700 North Surf Road,
Hollywood Fla. 33019

Tel 954- 923-5593
Local Tel 774 930-4254

CERTIFICATE OF SERVICE

I, Emile E. Morad certify that I have mailed a copy of the above motion by first class mail postage prepaid to the following interested parties of record:

1. John S. Rodman Esquire 98 North Washington Street, Suite 305 Boston Ma. 02114-1913.

2. Michael Franco, Esquire P.O. Box 952, 32 William Street, New Bedford, Ma. 02740

Dated April 26th, 2005.

Emile E. Morad Pro Se

Hawthorn Medical Associates, LLC
237A State Road, North Dartmouth, MA 02747
508-996-3991

February 23, 2005

RE: EMILE MORAD,SR.
DOB: 05/24/38

To Whom It May Concern:

The above named patient is under my active care and treatment. He has acute difficulty with impaired vision, making it extremely difficulty to read, write or concentrate. I recommend postponement of any significant work for two to three weeks. If I can be of any further assistance to you, please feel free to contact me at my office.

Sincerely,

Alexander Altschuller, M.D., F.A.C.C.

AA/trp

ED150

Place Label Here

DISCHARGE INSTRUCTION SHEET

Note: If you are insured by MassHealth/Medicaid, please see important message on reverse side.

1. Diagnosis: R lateral rectus palsy
   Instructions if needed to be completed by the doctor.
   1) You are scheduled for an MRI/MRA of the brain
   2) Do not drive. wear patch for comfort
   3) Diavix 75mg, 1 tab every day
   4) Return for any concerns

2. See Dr. Abbott for follow-up care within _____ days or sooner if you think it is needed. on Feb 28th as scheduled

☐ 3. Make an appointment at St. Luke's Ambulatory Care Clinic, Pequot Building, 49 State Road, Suite 102, Dartmouth, MA, (508) 994-4415.

☐ 4. Make an appointment at the Greater New Bedfo Community Health Center, 874 Purchase Stree New Bedford, MA, (508) 992-6553

☐ 5. Make an appointment at Healthfirst at Family Care Center, 102 County Street, Fall River, MA, 02720, (508) 679-8111

☐ 6. Make an appointment at the Greater New Bedfo Community Dental Clinic, 850 Purchase Stree New Bedford, MA, (508) 984-7031

☐ 7. Make an appointment at the Healthfirst Family Care Center Dental Clinic, 102 County Street, Fall River, MA, 02720, (508) 679-8111

☐ 8. Make an appointment at Family Healthcare Cente at SSTAR, 400 Stanley Street, Fall River, M 02720, (508) 675-1054

9. See additional instructions:

- ☐ Abdominal Pain
- ☐ Allergic Reactions
- ☐ Asthma
- ☐ Back Care
- ☐ Bronchitis/Pneumonia
- ☐ Burn Care
- ☐ Cast / Splint Care
- ☐ Chest Pain
- ☐ Community Resources
- ☐ Conjunctivitis
- ☐ Croup
- ☐ Crutches
- ☐ Dizziness
- ☐ Drug Monograph
- ☐ Ear Infection, External
- ☐ Ear Infection, Middle
- ☐ Elastic Bandage
- ☐ Eye Injuries
- ☐ Headache
- ☐ Head Injury
- ☐ Hemorrhoids
- ☐ High Blood Pressure
- ☐ Hives
- ☐ Impetigo
- ☐ Insect Bites
- ☐ Kidney Stones
- ☐ Medication Sheet(s)
- ☐ MVA / Trauma
- ☐ Neck Strains
- ☐ Nose Bleeds
- ☐ Pain Management
- ☐ Pediatric Fever Control
- ☐ Rabies Prophylaxis
- ☐ Rash
- ☐ Shortness of Breath
- ☐ Smoking Cessation
- ☐ Sore Throat
- ☐ Sprains, Fractures, Bruises
- ☐ Sunburn
- ☐ Tetanus Shot Record / CDC Info
- ☐ Toothache
- ☐ Urinary Tract Infection
- ☐ Viral Illness
- ☐ Vomiting and Diarrhea (Adult)
- ☐ Vomiting and Diarrhea (Child)
- ☐ Vomiting and Diarrhea (Infant)
- ☐ Work / School Report
- ☐ Wound Care
- ☐ Other _____

If your condition changes and you are not able to contact your physician, please contact the Emergency Department.

I hereby acknowledge receipt and understanding of the instructions indicated above and have participated in the discharge plan. I understand that my medical care will be complete only if I follow these instructions and the discharge plan.

REVIEWER:	DATE	TIME	PATIENT/AUTHORIZED REPRESENTATIVE SIGNATURE